

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

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**REQUEST FOR VERIFICATION OF LICENSURE FOR VETERINARIANS**

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FEE IN THE AMOUNT OF \$15.00 CASH, CHECK OR MONEY ORDER MUST BE SUBMITTED WITH REQUEST IN ORDER TO BE PROCESSED. THANK YOU.

**APPLICANT AUTHORIZATION:**

NAME: \_\_\_\_\_

LICENSE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

PHONE: \_\_\_\_\_

☐ Please check if your mailing address has changed.

I authorize the Arizona State Veterinary Medical Examining Board to release information regarding the status, i.e., active, lapsed, probationary, etc., the original issue date and expiration date, and any disciplinary action that has been taken against my Arizona Veterinary License to the party listed below.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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